MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -02-0251					
DO NOT WRITE AMENDED		a I	Registration District No. 318 Primary Régistration District No. 1003 Registrar's No. 7157, STATE FILE NUMBER		
VS 300			1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence bef a. STATE ILL SOUT COUNTY admission)		
Rev. 4/59	AMENDED		b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY		
, ,	WEI		or town St. Louis 40 yrs. or St. Louis Yes XI No		
12009	[ա		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION E/R to City Hosp. The second of the control of		
2 20	7/4 L				
3	ا ا		3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year (Type or print) POV TITIETTE DEATH TITIETTED DEATH TITIETTED		
4 0			ROY TUCKER DEATH July 18 9 1962 5. SEX 6. COLOR OR RACE 7. Married Never Married 8. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR 1F UNDER 2		
5 2			Male White WidowedXXX Divorced Q 23-1893 68 Months Deys Hours A		
6	,		10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNT during most of working life, even if retired)		
			Maintenance Man Retired Bonne Terre Mo. U.S.A. 136. FATHER'S NAME 14. NAME OF HUSBAND OR WIFE		
			Tall Guilland Non Burl of Assessed		
8 /			15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address		
9	:		Yes W.W. #] Cora Black Lee, 4240 Calliornia.		
10		OCUMEN	18. CAUSE OF DEATH (Enter only 6/10 cause per line to PART 1. DEATH WAS CAUSED BY: !MMEDIATE CAUSE (a) CAUSED Selection H and Displace Williams		
11	i o o	C.C.	IMMEDIATE CAUSE (8)		
129/ - 3	[절 1	ă	Conditions, if any, which gave rise to		
13	- 		above cause (a), stating the under-lying cause last. DUE TO (c)		
91	1 1 1 1		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female there a pregnancy in last 90 The present of the pregnancy of the pregnancy in last 90 II. If deceased was female there a pregnancy in last 90 Unk 19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE PERFORMED? PERFORMED? PERFORMED? PERFORMED?		
· // [5	<u> </u>		19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
7/ NO					
NO S			20c. TIME OF Hour Month, Day, Year INJURY e.m. p.m.		
CK INK			20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, WHILE AT WORK farm, factory, street, office bldg., etc.)		
BLACK OR RITER R	SEAC		21. I attended the deceased from		
E B			Beach occurred at		
USE BLAC OR TYPEWRITER	SHOULD READ	/IT OF	228. ADDRESS 200 Clark 7/19/		
	o l	AFFIDAVIT	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) Removal 7-23-62 National Cemetery Jefferson Barracks, Mo.		
	ON N	AFFI	Removal 7-23-62 National Cemetery Jelierson Dadracks, Plo.		
	ITEM	BY	McLaughlin, 2301 Lafayette, JUL 20 1962 Hoard Smith. M. D.		

- A

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	
Student	Signed Amed Ruphusu
Signature of Student Embalmer	4550
	Licensed Embalmer No.
	P. O. Address of Lacies, M.
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Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.